

Sep. 28, 2012 2:29PM IVY HALL NURSING HOME  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

454 10/27/12 No. 4243 P. 4  
KIN 108/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/12/2012
NAME OF PROVIDER OR SUPPLIER  UNICOICO NURSING HOME		STREET ADDRESS, CITY, ST., TB, ZIP CODE 100 GREENWAY CIRCLE ERWIN, TN 37650	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE

F280 483.20(d)(3), 483.10(k)(2) RIGHT TO

SS=D PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to revise the care plan to reflect change in the residents' status for two residents (#1, #7) of eleven residents reviewed.

The findings included:

Resident #1 was admitted to the facility on May 12, 2011, with diagnoses including Dementia, Hypertension, Parkinson's Disease, Anxiety and Failure to Thrive.

F280

Disclaimer for Plan of Correction

Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Unicoi County Long Term Care of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Unicoi County Long Term Care files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.

Unicoi County Long Term Care believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

F280

- Residents identified had care plans updated by 9/12/12.
- Care plans to be updated and monitored by MDS Coordinator as needed.

Continued

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X1) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER

445077

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

09/12/2012

NAME OF PROVIDER OR SUPPLIER

UNICOICO NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

100 GREENWAY CIRCLE

ERWIN, TN 37850

(X4) ID  
PREFIX  
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SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
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PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
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(X5)  
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DATE

F 280 Continued From page 1

F 280

Observation on September 10, 2012, at 3:20 p.m., in the resident's room, revealed the resident in a geri chair with a pressure pad alarm in place. Continued observation revealed a pressure pad alarm on the resident's bed.

Medical record review of the care plan last updated on August 15, 2012, revealed no documentation of the placement of a pressure pad alarm to the geri chair or the bed.

Interview with the Director of Nursing (DON), on September 11, 2012, at 2:00p.m., in the Conference Room, confirmed the resident's care plan had not been updated to reflect the use of the pressure pad alarm on the resident's Geri-chair or bed.

Resident #7 was admitted to the facility on April 1, 2012, with diagnoses including Adult Failure to Thrive, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Advanced Dementia, Hypertension, and Glaucoma.

Medical record review of the Minimum Data Set dated June 27, 2012, revealed the resident was cognitively impaired and dependent for activities of daily living.

Observation on September 10, 2012, at 10:42 a.m., in the facility day area, revealed the resident in a wheelchair with aommel cushion (a chair cushion with elevated center to limit forward movement of the pelvis while seated) and a soft restraint belt secured to the back of the wheelchair.

F280 Continued

Completion Date: ~~9/12/12~~ 9/13/12

Monitoring

- Care plans to be reviewed by the Assistant Director of Nursing for PI for one (1) year.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ SWING _____	(X3) DATE SURVEY COMPLETED  09/12/2012
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F 280 Continued From page 2

Medical record review of the care plan (undated) revealed "...self release belt while in w/c (wheelchair)..."

Medical record review of the Physical Device and Physical Restraint Assessment dated August 27, 2012, revealed "standard w/c (wheelchair)...with soft posey belt for mobility...pommel cushion for comfort and positioning...have spoken with family...they agree to restraint..." Continued medical record review of the Physicians Verbal Orders dated August 27, 2012, revealed "...soft restraint and pommel (cushion) while in w/c (wheelchair)..."

Interview with the MDS Coordinator on September 11, 2012, at 8:15a.m., in the Conference Room, confirmed the care plan had not been updated to reflect changes in the resident's status.

F 323 483.25(h) FREE OF ACCIDENT  
 SS=D HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, review of facility investigations, and interview, the facility failed to implement measures to prevent falls for two residents (#7, #8) of eleven sampled residents.

F 280

F 323

F323

- All alarms were checked and were in working order as of 9/27/2012.
- Staff to be In-serviced on Importance of checking alarms by October 1, 2012.
- Restorative nursing to change batteries every month on alarms starting October 1, 2012.

Completion Date: 10/1/12

Continued

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/12/2012
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NAME OF PROVIDER OR SUPPLIER  UNICOICO NURSING HOME	STREET ADDRESS, CITY, ST -TE, ZIP CODE 100 GREENWAY CIRCLE ERWIN, TN 37650
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F 323 Continued From page 3

F 323

The findings included:

Resident #7 was admitted to the facility on April 1, 2012, with diagnoses including Adult Failure to Thrive, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Advanced Dementia, Hypertension, and Glaucoma.

Medical record review of the Minimum Data Set dated June 27, 2012, revealed the resident was cognitively impaired and dependent for activities of daily living.

Medical record review revealed the resident was involved in falls without injury on August 25, 2012, and August 26, 2012.

Review of a facility investigation dated August 26, 2012, revealed "...CNA (Certified Nursing Assistant) notified...resident was found in floor...observed...lying in the floor beside...bed...bed alarm was not going off...replaced batteries in bed alarm...placed resident back to bed..."

Interview with Licensed Practical Nurse (LPN #1) on September 11, 2012, at 1:50 p.m., in the conference room, confirmed at the time of the fall, the bed alarm malfunctioned due to dead batteries, and the facility failed to implement the measure to prevent falls for the resident.

Resident #8 was admitted to the facility on July 11, 2011, and readmitted to the facility on August 29, 2012, with diagnoses including Urinary Tract Infection, Type 2 Diabetes, Anemia, Gastrointestinal Bleeding, and Sleep Apnea.

F323 Continued

Monitoring

- Restorative nursing to monitor for PI for one (1) year.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/12/2012
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F 323 Continued From page 4

F 323

Medical record review of the Minimum Data Set dated July 3, 2012, revealed, the resident was independent in decision making and required assistance with activities of daily living.

Review of facility investigations revealed the resident was involved in falls without injury on September 26, 2011, December 17, 2011, and July 27, 2012.

Review of a facility investigation dated December 19, 2011, revealed "...resident was observed sitting in the floor between...dresser and the bed...had self release belt that was released by the resident...alarm was in wheelchair and was turned off...will re-educate staff on alarm use...place in day area when out of bed..."

Interview with the Director of Nursing (DON) on September 12, 2012, at 10:20 a.m., in the DON's office, confirmed the bed alarm was turned off at the time of the fall, and the facility failed to implement measures to prevent falls for the resident.

F 371 483.35(i) FOOD PROCURE,  
SS=F STORE/PREPARE/SERVE- SANITARY

F 371

The facility must -

- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
- (2) Store, prepare, distribute and serve food under sanitary conditions

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 4243 P. 9/28/12

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

4450n

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

OMB NO. 0938-0391

(X3) DATE SURVEY  
COMPLETED

0911212012

NAME OF PROVIDER OR SUPPLIER

UNICOICO NURSING HOME

STREET ADDRESS, CITY, ST., TE, ZIP CODE

100 GREENWAY CIRCLE  
ERWIN, TN 37650

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DATE

F 371 Continued From page 5

F 371

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to provide sanitary storage of food and equipment

The findings included:

Observation of the dietary department on September 10, 2012, from 10:45 a.m. until 12:00 p.m., revealed:

1. Two employee can drinks were setting on the counters;

2. Employees had the following foods stored in the resident refrigerators:

- 24 ounce bottle of soft drink;
- 2 liter bottle of soft drink (2);
- 16.9 ounce bottle of water;
- 6 ounce bottle of steak sauce that expired 6-18-12;
- 14 ounce bottle of Ketsup that expired April 2012;
- 2 grilled cheese sandwiches wrapped in plastic wrap;
- bottle of sports drink;
- lunch meat sandwich

3. A stand up electric slicer had food debris on the lip, the blade, and the top of the machine, and was available for use;

4. Seven expired, September 1, 2012, whole eggs in the walk in refrigerator that were available for use;

F371

- Employee drinks were removed immediately from counter (9/10/12). Employees were reeducated on observing proper policy on 9/11/12 and 9/25/12.

Completion Date: 9/25/12

Monitoring

Dietary Manager or designated employee will be responsible for monitoring for PI for one (1) year.

- Employee food and expired items were removed on 9/10/12 from resident refrigerator. Employees were reeducated on 9/11/12 and 9/27/12. There is now a designated refrigerator for employee food.

Completion Date: 9/27/12

Monitoring

Dietary Manager or designated employee will be responsible for monitoring for PI for one (1) year.

- Stand up electric slicer and stand up mixer were cleaned on 9/10/12. Employees were reeducated on procedures to clean (clean after each use, wiped down daily if not in use), and then covered with a clean drape.

Completion Date: 9/12/12

Monitoring

Dietary Manager or designated employee will be responsible for monitoring for PI for one (1) year.

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NAME OF PROVIDER OR SUPPLIER  UNICOICO NURSING HOME		STREET ADDRESS, CITY, ST., TE, ZIP CODE 100 GREENWAY CIRCLE ERWIN, TN 37650	
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F 371 Continued From page 6

F 371

5. The stand up mixer was dirty and dusty, and was available for use;

6. Two packages of carrots were in the walk in refrigerator that expired on 5-27-12 and 7-28-12, and were available for use;

7. One open container of marshmallows in the walk in refrigerator expired on July 28, 2012, and was available for use;

8. One large container of soup beans in the walk in refrigerator was unlabeled and undated, and was available for use;

9. One container of diced tomatoes in the walk in refrigerator was unlabeled and undated, and was available for use;

10. The vent hood over the stove was dirty and greasy, and was available for use;

11. Paprika bottle was open and not dated, and was available for use;

12. The following spices were opened and out dated above the prep table, and were available for use:

- a. Ground Nutmeg, 2-20-08;
- b. Meat Tenderizer, 11-11;
- c. Celery Seed, 4-21-11;
- d. Onion Powder, 5-7-11;
- e. Dill Weed, 10-11-09;
- f. Chili Powder, 5-23-11;
- g. Ground Oregano, 4-28-09;

13. Instant Mashed Potatoes, 57 ounce container was open and not dated, and was available for

F371 Continued

- All food in walk in refrigerators was checked on 9/10/12 and if not labeled or dated was removed. Any new items are labeled and dated. Staff educated on policy for labeling and dating food on 9/11/12 and 9/27/12.

Completion Date: 9/27/12

Monitoring

Dietary Manager or designated employee will be responsible for monitoring for PI for one (1) year.

- Vent hood was cleaned 9/10/12. Staff reeducated on policy to clean vent hood on 9/11/12 and 9/27/12. Vent hood to be cleaned and checked daily by the cook or designated employee.

Completion Date: 9/27/12

Monitoring

Dietary Manager or designated employee will be responsible for monitoring for PI for one (1) year.

Continued

Sep. 28. 2012 2:30PM IVY HALL NURSING HOME  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 4243, P. 11  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES  
 AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
 IDENTIFICATION NUMBER:

445077

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
 COMPLETED

09/12/2012

NAME OF PROVIDER OR SUPPLIER

UNICOICO NURSING HOME

STREET ADDRESS, CITY, ST., TE, ZIP CODE

100 GREENWAY CIRCLE

ERWIN, TN 37650

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F 371 Continued From page 7  
 use;

F 371

14. Vinegar, one gallon container was open and  
 not dated, and was available for use;

15. Imitation Vanilla Extract, 32 ounce bottle,  
 expired on 11-23-10, and was available for use;

16. Steam table is not large enough to hold all the  
 food prepared for the meals which can produce  
 unsafe temperatures in those served from outside  
 the steam table;

17. Flours and sugar are stored in their original  
 paper wrappers instead of being stored in large  
 sealable plastic containers.

Interview with the Dietary Manager on September  
 10, 2012, at 12:00 p.m., in the dietary  
 department, confirmed employee drinks were not  
 to be in the kitchen prep area, employee food  
 was to be stored separately from the resident's  
 food, the stand-up slicer and mixer were to be  
 cleaned prior to storage, all items stored in the  
 walk in refrigerator, dry storage area, and spice  
 storage area were to be labeled with the date  
 once they were opened and be disposed of after  
 their expiration date, the vent hood over the stove  
 needed to be cleaned and checked daily, flour  
 and sugar needed to be stored in sealable plastic  
 containers, and a larger steam table was needed  
 to ensure that food temperatures were  
 maintained during the entire serving process.

F 502 483.75(j)(1) ADMINISTRATION  
 SS=D

The facility must provide or obtain laboratory  
 services to meet the needs of its residents. The

F371 Continued

- All expired spices were removed from prep table  
 and any other areas on 9/10/12. Employees  
 were reeducated on dietary food expiration  
 guidelines. Guidelines are posted for easy access  
 to dietary employees.

Completion Date: 9/22/12

Monitoring

Dietary Manager or designated employee will be  
 responsible for monitoring for PI for one (1) year.

- A larger 6 well warmer has been ordered on  
 9/27/12 with delivery expected in one month.

Completion Date: 9/27/12

- Two storage bins were ordered on 9/25/12 for  
 flour and sugar storage and are expected to be  
 delivered by 10/1/12.

Completion Date: 10/1/12

F 502



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0301

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IDENTIFICATION NUMBER:

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(X3) DATE SURVEY  
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09/12/2012

NAME OF PROVIDER OR SUPPLIER

UNICOICO NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

100 GREENWAY CIRCLE

ERWIN, TN 37650

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DATE

F 502 Continued From page 8

facility is responsible for the quality and timeliness  
of the services.

This REQUIREMENT is not met as evidenced  
by:

Based on medical record review and interview  
the facility failed to obtain laboratory tests as  
ordered by the physician for two (R #A, R #B) of  
nine residents reviewed.

The findings included:

Resident #A was admitted to the facility on  
November 1, 2008, with diagnoses including  
Hypertension, Alzheimer's Dementia, Seizure  
Disorder, and Depression.

Medical record review of a physician order, dated  
July 11, 2012, revealed "...Depakote (medication  
for Seizure Disorder) level in 2 wks (weeks)..."

Medical record review of lab reports revealed no  
documentation of a completed Depakote level.

Interview with the Director of Nursing on  
September 12, 2012, at 8:00a.m., in the Day  
Room by the Station 1 Nursing Station, confirmed  
the facility had failed to obtain lab work as  
ordered by the physician for Resident #A.

Resident #B was admitted to the facility on June  
26, 2008, with diagnoses including Diabetes,  
Dementia with Behavioral Disturbances,  
Hypertension, and Depression.

Medical record review of a physician's order,

F 502

F502

- All residents were reviewed by 9/18/2012 for  
missed labs. No other labs were missed.

Completion Date: 9/18/12

Monitoring

Labs will be monitored by the MDS Coordinator for  
PI for one (1) year.

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F 502 Continued From page 9  
 dated March 22, 2012, revealed "...HgbA1C  
 (laboratory order to test sugar in Diabetics)...Q  
 (every) 3 months..."

F502

Medical record review of laboratory reports  
 revealed an HgbA1C level was documented on  
 April 13, 2012. Further review revealed no other  
 documentation of a completed a HgbA1C level  
 after April 13, 2012.

Interview with the Director of Nursing on  
 September 12, 2012, at 8:00a.m., in the Day  
 Room by the Station 1 Nursing Station, confirmed  
 the facility had failed to obtain a HgbA1C (since  
 April 13, 2012) as ordered by the physician.

F520 483.75(o)(1) QAA  
 SS=F COMMITTEE-MEMBERS/MEET  
 QUARTERLY/PLANS

F520

A facility must maintain a quality assessment and  
 assurance committee consisting of the director of  
 nursing services; a physician designated by the  
 facility; and at least 3 other members of the  
 facility's staff.

The quality assessment and assurance  
 committee meets at least quarterly to identify  
 issues with respect to which quality assessment  
 and assurance activities are necessary; and  
 develops and implements appropriate plans of  
 action to correct identified quality deficiencies.

A State or the Secretary may not require  
 disclosure of the records of such committee  
 except insofar as such disclosure is related to the  
 compliance of such committee with the  
 requirements of this section.

F520

- PI committee has begun meeting every month.  
 First meeting was August 2, 2012. The Medical  
 Director will attend quarterly meeting. Next  
 quarterly meeting will be scheduled by October  
 12, 2012

Completion Date: 10/12/12

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ERWIN, TN 37650

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F 520 Continued From page 10

F 520

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

This REQUIREMENT is not met as evidenced by:

Based on review of facility documentation and interview, the facility failed to ensure the Quality Assurance Committee was meeting quarterly.

The findings included

Review of the facility's Quarterly Assurance committee's sign-in sheets, revealed the facility's Quality Assurance committee met on July 18, 2011, January 17, 2012, and August 2 and 23, 2012.

Interview with the Director of Nursing (DON) and Administrator on September 12, 2012, at 10:00 a.m., in the Administrator's office, confirmed the facility's Quality Assurance committee had not been meeting quarterly.